



WYOMING DEPARTMENT OF CORRECTIONS

Policy and Procedure #4.338 Infirmary and End of Life Care

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Authority: Wyoming Statute(s): 25-1-104; 25-1-105; 35-22-401, <i>et seq.</i> ACA Standard(s): 4-4352-R; 4-4350-R NCCHC P-G-03:P-G-12 Standard(s): P-I-04	Effective Date: July 30, 2015 Revision/Review History: 07/15/14 07/01/13 07/11/12 Summary of Revision/Review: Updates existing policy pursuant to annual review.
Cross Reference of Policy:	Supersedes Existing Policy :
Approved: R.O. Lampert Robert O. Lampert, Director	
7-23-15 Date	

APPROVED FOR INMATE DISTRIBUTION

REFERENCE

1. ATTACHMENTS – None Noted
2. OTHER – None Noted



I. PURPOSE

- A. **Guidelines for Medical Treatment.** The purpose of this policy and procedure is to provide Wyoming Department of Corrections (WDOC) health staff with guidelines for treating inmates in need of infirmary or end of life care.

II. POLICY

- A. **Appropriate and Skilled Treatment.** It is the policy of the Wyoming Department of Corrections that infirmary and end of life care is appropriate to meet the serious needs of patients. Such care shall meet industry standards for treatment for inmates with an illness or diagnosis that requires services of skilled nursing.

III. DEFINITIONS

- A. **Advance Directives:** *(For this policy only.)* Expressions of the patient's wishes as to how future care should be delivered or declined, including decisions that must be made when the patient is not capable of expressing those wishes. Examples include living wills, which specify what the patient wants done; health care proxies, which specify who can make decisions for the patient when the patient is incapacitated; and a patient-initiated DNR order, which is a patient's specific refusal of certain extraordinary measures that may prolong life.
- B. **Do Not Resuscitate Order (DNR):** *(For this policy only.)* A medical order written by a doctor. It instructs health care providers not to do cardiopulmonary resuscitation (CPR) if breathing stops or the heart stops beating.
- C. **Infirmary:** Housing location expressly set up and operated for patients who need skilled nursing care but do not need hospitalization or who cannot be managed in an outpatient setting.
- D. **Infirmary Care:** Care provided to patients that requires monitoring treatment at the skilled nursing level.
- E. **Patient-Initiated DNR:** *(For this policy only.)* A signed and notarized request from an inmate as part of an Advanced Directive providing direction that life-saving or other extraordinary measures be withdrawn in terminal cases and/or that no Cardio Pulmonary Resuscitation (CPR) be initiated



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should breathing and heart beat cease. These documents shall not be honored by the Department or the contracted medical provider in the event of suicide attempts, assaults or suspected assaults.

IV. PROCEDURE

- A. Patient Rights.** Patients may revoke advance directives and amend medical decisions at any time.
- B. Infirmary Care.** Infirmary Care access shall be provided to offenders. If infirmary care is provided onsite, it shall include, at a minimum, the following: (ACA 4-4352 Revised)
1. Definition of the scope of infirmary care services available;
 2. A physician on call or available twenty-four (24) hours per day;
 3. Health care personnel with access to a physician or a registered nurse and are on duty twenty-four (24) hours per day when patients are present;
 4. All offenders/ patients are within sight or sound of a staff member;
 5. An infirmary care manual that includes nursing care procedures;
 6. An infirmary record that is a separate and distinct section of the complete medical record; and
 7. Compliance with applicable state statutes and local licensing requirements.
- C. Individual Treatment Plan.** A written individual treatment plan is required for offenders requiring medical supervision, including chronic and convalescent care. This plan shall include directions to health care and other personnel regarding their roles in the care and supervision of the patient, and shall be developed by the appropriate health care practitioner for each offender requiring a treatment plan. (ACA 4-4350 Revised)
- D. Scope of Infirmary Care Service.** The specific scope of medical, mental health, and nursing care provided in the infirmary setting shall be determined at each site based on medical need and facility capability and capacity.



1. Patients shall be within sight or hearing of a qualified health care professional. There shall also be a call/intercom system from the cell to the nurses desk, or security post within the unit.
2. Staffing shall be sufficient and appropriate qualified health care professionals shall be available in the infirmary based on the number of patients, the severity of their illnesses, and the level of care required for each.
3. A supervising registered nurse shall be on-site at least once every twenty-four (24) hours. A physician shall be on call twenty-four (24) hours per day.
4. A manual of nursing care procedures shall be consistent with the state's nurse practice act and licensing requirements.
5. Admission to and discharge from the infirmary shall occur on the order of a physician (or other provider where permitted by virtue of his or her credentials and scope of practice).
6. Physician/physician extender, and or nursing rounds in the infirmary shall be completed consistent with the inmate's health condition and is based on the categories of care provided.
7. A complete inpatient health record shall be kept for each patient and include:
 - i. Admitting order that includes the admitting diagnosis, medication, diet, activity restrictions, any diagnostic tests required, and frequency of vital sign monitoring and other follow-up;
 - ii. Complete documentation of the care and treatment given;
 - iii. The medication administration record; and
 - iv. A discharge plan and discharge notes.
8. If the inpatient record is retained separately from the outpatient record, a copy of the discharge plan from infirmary care shall be placed in the inmate's outpatient record.

E. Advance Directives. Advanced directives are permitted as allowed by law under W.S. §35-22-403 (Advanced Health Care Directives). Advanced Directives may be created at any time during incarceration. These documents



will be made available through the law library and shall be initiated by the individual inmate. The inmate's case worker may provide assistance as necessary in completing the forms, but will not provide guidance as to the advanced directive scope. These documents do not require medical provider consultation or participation.

1. Any advanced directive must be signed in front of a notary who shall mark the document with the appropriate seal.
2. The contracted medical provider shall not provide or sign the Advanced Directive forms.
3. Copies of these documents will be provided to the Warden and chaplain and be maintained in the medical base file.

F. Do Not Resuscitate (DNR) Order. *(For this policy only.)* DNR is the specific order written by the licensed contracted medical provider related to a specific medical condition(s) or episode of care which may end in death. The order is written when the inmate patient desires no Cardio Pulmonary Resuscitation (CPR) should breathing and heart beat cease.

1. This voluntary declaration and medical order is made jointly between the inmate patient and the treating physician.
2. Copies of the specific medical order shall be provided to the facility Warden and chaplain and be maintained in the medical and base file.

G. Hospice/End of Life Instructions For purposes of this policy only, this document contains specific instructions and desires related to end of life care and hospice programming for terminally ill inmates. The document is developed jointly between the inmate and the medical provider. Choices for desired care as well as any treatments or life prolonging measures to be withheld will be clearly identified.

1. Copies of this document shall be provided to the facility Warden and chaplain, and be maintained in the medical and base file.

H. Removal from Life Support. Any inmate who is kept alive by artificial means shall not be removed from life sustaining equipment except as outlined in the Wyoming Healthcare Decisions Act. (W.S. § 35-22-401, *et seq.*)



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V. TRAINING POINTS

- A.** What are the minimum requirements for adequate infirmery care?
- B.** What should be included in an inpatient health record?
- C.** What are the different types of end of life processes and required documentation for each?